



LAKESHORE REGIONAL PARTNERS

HIPAA Privacy Brochure

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Lakeshore Regional Partners and Your Privacy

We, the Lakeshore Regional Partners, have been chosen by the State of Michigan to assist residents of **Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa Counties** to obtain various chemical dependency treatment health care services. We know that your health information is personal.

In the following paragraphs we explain in more detail how we are obligated by law to protect your personal health information. Please read it carefully.

Privacy Notice Introduction

This Notice tells you about the ways health information is used. It describes your rights and our obligations regarding the use and disclosure (give out) of health information. **We are legally required to follow the use and disclosure of health information privacy policy described in this Notice.** Over time we may revise this Notice. If we do, we are required to inform you of our new privacy policy by making a revised Notice available to you. The revised privacy policy Notice will apply to health information we keep. If we have a website, you may find the Notice there. Copies of the Notice can be obtained in our office. We may ask you to sign a statement (Acknowledgement) telling others we gave you this Notice. If there is an emergency, we may not be able to give this Notice until after you receive care.

Effective April 14, 2003

THIS NOTICE HAS BEEN PREPARED AND PUBLISHED AS A PUBLIC SERVICE BY:

Lakeshore Regional Partners,

a public behavioral health plan for people with mental illness, developmental disability, and substance use disorders in Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties.

LAKESHORE REGIONAL PARTNERS

376 E. APPLE AVE.

MUSKEGON, MICHIGAN 49442

(231) 332-3836

Privacy Officer and Patient Concerns

You may believe that your PHI has not been handled in a way that respects your privacy. You may also seek to appeal a denial of your request to review or amend your health information. Please feel free to express your concerns to the privacy officer at the location where you receive treatment where you believe the information was handled improperly or to the Privacy Officer at your local CMHSP. A Privacy Officer will be helpful and is experienced in responding to questions about our contracted treatment locations and services. **Please note that services we pay for will not be affected by your raising a privacy issue.** If you have a complaint or concern about your **PHI**, please call:

PRIVACY OFFICER

To contact your local CMHSP Privacy Offer:

- West Michigan CMH (Lake, Mason, Oceana Counties): 1.800.992.2061
- Ottawa: 616.393.5763
- Muskegon: 231.724.1107
- Network 180 (Allegan and Kent Counties): **1.866.332.0002**

Another way you can express your concern is to contact the Secretary of Health and Human Services at 201 Independence Avenue SW, Washington DC, 20201: or by calling (202) 619-0257 or 1-(877) 696-6775.

Right to Request an Amendment.

You may request an Amendment to your PHI if you think it is incorrect or incomplete. We may ask that the request be in writing, to the Lakeshore Privacy Officer stating the reasons for the amendment. We will notify you as to if we agree or disagree with your request. If we do not agree, we will provide you with information on why we disagree and what options you have.

Right to an Accounting Report of Disclosures

You have the right to request a report of the disclosures of your health information so that you will be aware of who has had access to your information. Your request may specify a time period up to six (6) years. We are not required to provide an accounting for disclosures prior to April 14, 2003. Not every disclosure made is included in the report. Disclosures you authorized in writing, routine internal disclosures such as those made to agency personnel in the course of providing you services, and/or disclosures made in connection with payment are all examples of things not included in the report. The report will state the date of the disclosure, the purpose for which it was disclosed and a description of the information disclosed. If there is a fee to you for the report, we will let you know what it is before the report is done.

Right to Receive a Copy

Copies of this **Privacy Notice** will be available upon request at the Lakeshore office and at our contracted provider agencies.

Uses Requiring Patient Authorization

There are some uses of your PHI that require patient Authorization. If your health information is requested for a use that requires your approval or Authorization, you will be told why your information is requested, who is asking for the information, and what information is requested. You will also be told how you may cancel (revoke) your Authorization. If we have already acted on the Authorization you gave us earlier, your cancellation will affect information release for the future.

General Privacy Information

When you contact or come to one of our funded agencies, a record is usually made. The record contains “demographic information” (such as name, address, telephone number, social security number, birth date and health insurance information.) The record may also contain other information including how you say you feel, what health problems you have, treatments you may have received, observations by health care providers, diagnosis and plan of care. These kinds of record information are known as **Protected Health Information** or **PHI**, and are used for a number of purposes that are explained in more detail in this brochure.

Privacy Commitment and Legal Requirements

As a coordinating agency, we perform a variety of acts. Sometimes, we may make payment for or authorize payment to health care providers for chemical dependency treatment and other services. Often these payments are made under the Medicaid program. Sometimes, we distribute grant monies to health care providers for the care of area residents, or we may coordinate with insurers to obtain payment for health care services. In any of these situations, we may have need to access your PHI. We do not sell your PHI and we take steps to protect your PHI from people who do not need and/or have no legal right to see it.

Uses for Treatment, Payment and Operations

We may use your **PHI** for treatment, payment purposes, or for certain other operations. If we disclose your PHI to another person or entity, we must do so consistent with Federal and State law and regulation (e.g., 42 CFR Part 2). In many instances, this requires you to sign an authorization allowing us to provide that information to the other party. If you do not sign an authorization, there are circumstances where we may not be able to provide or make payment for your health services.

Treatment We will use and disclose your PHI to provide, coordinate, or manage your care and related services. This includes the coordination or management of your health care with another person like a doctor or therapist for treatment purposes.

Payment We may use and disclose your PHI so that the chemical dependency treatment or other services you received can be billed for, and paid. For example, we may need to disclose your PHI to health care professionals or to your health plan about treatment you received so that the people who provide care to you can receive payment. It may also include statistical reports to Federal and State agencies making funds available to us for your benefit.

Operations We may use or disclose your PHI for our operations in order to maintain or improve services. This can include quality assessment, accreditation, licensing or business management and general administrative activities.

Other uses and disclosures included within treatment, payment and operations include:

Benefit Options To inform you of health benefits that may be of interest to you.

Education Training of health professional students such as counselors and therapists who are working in our agency.

Research For research purposes such as our Health Care Study Program, if the study is approved by our privacy committee, the program director and also meets the requirements of Federal and State law and regulation (e.g., 42 CFR Part 2).

Uses and Disclosure Without Your Authorization

When required by law, we may also disclose **some** PHI. For example, we may provide limited information:

Health Risk or Death To prevent, control or report disease, injury, disability or death.

Abuse, Neglect or Domestic Violence Reporting To alert State or local authorities if we believe someone is a victim of child abuse or neglect or domestic violence. We will make this disclosure when you agree or when authorized by law.

Duty to Warn To alert authorities or medical personnel if we believe someone is at risk of injury by means of violence.

Health Oversight To health oversight agencies for things like audits, civil or administrative reviews, proceedings, inspections and licensing activities.

Legal Proceedings If you are involved in a legal action, we may disclose your PHI in response to a court order.

Law Enforcement. To a law enforcement official in response to a court order or to report a crime on the agency premises.

Privacy Rights

You have the following rights regarding the PHI that we maintain about you:

Right to Request Restrictions

You may request limitations on the use of your PHI. For example, you can ask that your information not be shared with certain family members. We do ask that you make your request in writing to the Lakeshore Privacy Officer. *We are not always able to comply with these requests.* If we are unable to or do not agree to your request, we will let you know. If we do agree to a restriction, and the restricted information is needed for your emergency care, we may still use or disclose the information as we think appropriate.

Confidentiality of Alcohol and Drug Abuse Client Information. (42 CFR Part 2)

Your alcohol and drug abuse client records are also protected by federal law and regulations. Generally, this means that information about you is not disclosed without your written authorization.

Right to Request Alternate Methods of Communication

You have the right to request that we communicate with you about personal health matters in a certain way or at a certain location. For instance, you may request that your health information be sent to your office or to a post office box rather than to your home address. You may also request that calls be made to a certain telephone number. We do not require that you state a reason for your request; however, we do request that you make your request in writing to the Lakeshore Privacy Officer with specific instructions on how or where you wish to be contacted. We will try to accommodate reasonable requests.

Right to Review and Copy

You may request a copy of your health information. You may also request to review your health information. Your request must be in writing to the Lakeshore Privacy Officer. If your request is accepted, we will arrange a mutually agreeable time for you to look at your health information. We may deny your request to review and copy in a few limited circumstances. If your request is denied, you may ask that the denial be reviewed by contacting the Lakeshore Privacy Officer. Another healthcare professional chosen by Lakeshore will review your request. The person conducting the review will not be the person who denied your request. We will comply with the decision of the reviewer. The contact number for our privacy officer can be found under the section (below) that is titled “**Privacy Officer and Patient Concerns**”. Copies of health information may be provided to patients for a reasonable fee. We will let you know what the fee will be before a copy of your health information is made.